

**APPLICATION FOR AUGUSTA RICHMOND COUNTY ONE DAY OR  
SPECIAL EVENT ALCOHOL BEVERAGE PERMIT**

PRODUCTS TO BE SOLD BEER ( ) WINE ( ) MIX DRINKS ( )	LICENSE FEE NON-PROFIT \$ _____	LICENSE FEE FOR PROFIT \$ _____	LICENSE ACCOUNT # _____	DATE ISSUED _____
ORGANIZATION OR BUSINESS NAME _____ _____		DATE AND TIME OF THE EVENT DATE _____ TIME _____ TO _____		
MAILING ADDRESS _____ _____ _____ CITY _____ STATE _____ ZIP _____		ADDRESS (PLACE OF EVENT) _____ _____ _____ CITY _____ STATE _____ ZIP _____		
NAME OF PERSON RESPONSIBLE FOR EVENT: _____  HOME ADDRESS _____ _____ CITY _____ STATE _____ ZIP _____		SOCIAL SECURITY NO: _____ TELEPHONE NO: HOME _____ WORK _____		
FEDERAL I.D. NO. _____		GA. SALES TAX NO. _____		

**WILL THEIR BE FOOD SERVED AT THIS EVENT IF HELD ON SUNDAY YES \_\_\_\_\_ NO \_\_\_\_\_**

***PROOF OF NON-PROFIT STATUS REQUIRED- 501 C***

STATE OF GEORGIA, AUGUSTA RICHMOND COUNTY, I, \_\_\_\_\_

DO SOLEMNLY SWEAR, SUBJECT TO THE PENALTIES OF FALSE SWEARING, THAT THE STATEMENTS AND ANSWERS MADE BY ME AS APPLICANT IN THE FORGOING ALCOHOLIC BEVERAGE APPLICATION ARE TRUE.

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

<b>RECOMMENDATIONS</b>	<b>APPROVED</b>	<b>DENIED</b>
<b>SHERIFF</b> _____	_____	_____
<b>MAYOR</b> _____	_____	_____
<b>LICENSE DEPT</b> _____	_____	_____
<b>APPLICATION ( ) APPROVED</b>	<b>( ) DENIED</b>	<b>DATE</b> _____